

The Psychiatric Rehabilitation Educators' Group

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A Brief History

In 1993, the University of Medicine and Dentistry of New Jersey (UMDNJ) began offering courses in its newly developed Associate of Science Degree Program in Psychiatric Rehabilitation. At that time, offering an undergraduate degree in Psychiatric Rehabilitation was considered breaking new ground and there was great interest among UMDNJ faculty to explore and network with other schools and programs offering undergraduate courses and certificates that emphasized psychiatric rehabilitation principles. Learning what other programs were offering in terms of

curricula and experiences could only broaden opportunities for our students and faculty at UMDNJ. Housatonic Community College in Connecticut was the first program we visited to share ideas about curricula, course materials, and fieldwork sites. After a very productive discussion, the faculty from both

schools concluded that it would be valuable to meet again and to expand our efforts by inviting faculty from other academic programs to join our discussions.

Over the next several years, we continued to meet with both graduate and undergraduate psychiatric rehabilitation educators throughout the United States to network, share information and ideas and develop collaborative projects, such as consulting with one another on field placement issues. Many psychiatric rehabilitation educators share concerns about super-

visor training, contracting, and student skill evaluations. In 2001, faculty at UMDNJ took the initiative to organize a Psychiatric Rehabilitation Educators' Symposium to "address the common challenges faced by psychiatric rehabilitation educators in our efforts to produce knowledgeable and competent psychiatric rehabilitation practitioners." Over 40 educators from more than 20 institutions participated in a two-day meeting that took place on the UMDNJ campus in Scotch Plains, NJ. Topics discussed at the symposium included the mutual goals of psychiatric rehabilitation educators; the role of public funding to bridge the gap between educators and services; web-based education as an alternative for multidisciplinary training; integrating psychiatric rehabilitation curricula into established rehabilitation and mental health disciplines; implications of the national certification of psychiatric rehabilitation practitioners; and the development and impact of a career ladder in psychiatric rehabilitation education. Work groups were also convened and participants were asked to record their recommendations for future study or action. The work groups focused on the following areas of concern/interest:

- Student access to scholarships, financial aid, and other stipends;
- The role of a living wage in developing Psychiatric Rehabilitation Specialists;
- Standards for Continuing Education for PSR Practitioners;
- The anticipated impact of PSR credentialing standards;
- Integrating research findings into PSR curricula; and
- Qualifications of effective psychiatric rehabilitation educators.

Educators are sharing course outlines, reading lists, internship materials such as student evaluation forms, and materials relevant to people who teach at the college and university level.

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The first symposium was considered a successful event in that the presentations were well received and the workgroups identified a numbers of areas of mutual interest for continuing work. The symposium also provided a unique opportunity for a group of educators in an emerging academic field. There was consensus to plan to meet on a bi-annual basis at the both the IAPSRS Conference and at future symposia.

Ongoing Activities for Psychiatric Rehabilitation Educators

Two and a half years after the first Educators' symposium, the group continues to work together with activities such as developing an Educators' and Trainers' track at the 2002 IAPSRS Conference in Toronto. This track is now a standard feature at the conference and includes a series of workshops presented by educators and trainers for educators and trainers. The workshops address issues such as utilizing Internet technology, sharing curricula materials and teaching strategies, providing accommodations for students who have psychiatric disabilities, and promoting state-of-the-art practica experiences. The IAPSRS conference also now includes an Annual Educators & Trainers Forum that provides an opportunity to incorporate other educators into this expanding network as well as to plan for upcoming projects and events.

The 2002 Psychiatric Rehabilitation Educators' Symposium was hosted by the University of Chicago and Wright College and in 2003 the University of Michigan School of Social Work hosted the event in Ann Arbor, Michigan. At both of these symposia, the participants expressed an interest to move beyond presenting workshops and networking to focus on collaborative projects, such as studying academic program outcomes and developing national standards for psychiatric rehabilitation education. In the meantime, the group's mailing list continues to grow, as we discover additional academic programs in the U.S. that prepare psychiatric rehabilitation practitioners. We are also in the process of starting a web-based discussion forum. We envision this latest development as an opportunity for educators to utilize the group's expertise on a more regular basis. For example, a professor searching for teaching materials on a particular topic might post a

question and receive input from colleagues throughout the country.

In March 2004, a more permanent and accessible website site to this group was made available through Yahoo Groups. The site has a listserv function and a place for posting documents to share. At present, the Yahoo group includes over 80 members. Through Yahoo, members have the capacity to send e-mail messages to the full member list, which creates the potential for on-going dialogue. Posts are retained on the website for later review. In addition, the website has space for links and for posting files. Educators are sharing course outlines, reading lists, internship materials such as student evaluation forms, and materials relevant to people who teach at the college and university level. Membership is controlled for now, and new members can be added by contacting Pat Nemecek at Boston University (pnemecek@bu.edu).

IAPSRS 2004 Conference

The IAPSRS 2004 Conference in San Diego, California once again included an Educators' & Trainers' Track. In addition to the Workshop Series and Annual Forum, an Institute on "Ethics & Boundaries: In the Classroom and in Field Practicum" was presented. The following is a list of 2004 workshops:

- Adopting Voluntary Standards of Quality;
- Defining the Processes: Inputs and Outcomes of Psychiatric Rehabilitation Education;
- Practicum Placements: Making Them Work;
- Tried and True Fieldwork Assignments;
- Preparing Psychiatric Rehabilitation Field Supervisors;
- Teaching Flexibility in Psychiatric Rehabilitation;
- Introducing a Psychiatric Rehabilitation Curriculum throughout your System of Care; and
- A Year of Exploration: Using a PSR Fellowship to Enhance the Implementation of PSR in a Traditional Public Mental Health Setting

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The Annapolis Coalition

One of the guests at the 2003 Psychiatric Rehabilitation Educators' Symposium was Michael Hoge of Yale University. Dr. Hoge is the Co-Chair of the The Annapolis Coalition, along with John Morris of the Department of Neuropsychiatry at the University of South Carolina School of Medicine. The Annapolis Coalition on Behavioral Health Workforce Education was created by two founding organizations: the American College of Mental Health Administration (ACMHA) and the Academic Behavioral Health Consortium (ABHC). The coalition has as its mission "to build a national consensus on the nature of the workforce crisis and to promote improvements in the quality and relevance of education and training by identifying and implementing change strategies." For more information about the history of the coalition, its founding organizations, and its work today, see the website: <http://www.annapoliscoalition.org>.

A 2001 conference sponsored by The Annapolis Coalition described the nature of the workforce crisis in behavioral healthcare and developing strategies to address the crisis. General strategies included evidence-based teaching, which means using teaching strategies that have proven effectiveness; identifying the competencies needed by the workforce; and developing core competency modules. Some products that have come out the Annapolis Conference are a paper on instituting best practices in teaching and standardized tools to evaluate agency satisfaction with how staff members were prepared in graduate school.

Dr. Hoge's presentation at the 2003 Symposium addressed five major paradoxes in the education and training of the mental health workforce:

1. Students are taught to work in a world that does not exist anymore.
2. Continuing education models used for existing practitioners have been shown not to work (e.g. single session training events do not usually have much of an effect in terms of knowledge, skill and attitude development).

3. People who provide direct care are often bachelor's level practitioners or para-professionals.
4. The largest group of people who comprise the helping professions are consumers and family members.
5. Most people who seek help for mental health issues do so outside of the mental health system, often from primary care medical doctors.

In addition, Dr. Hoge described three key trends in behavioral health care that are not addressed in most graduate school programs that prepare mental health practitioners: the impact of managed care, rehabilitation and recovery oriented systems, and evidence-based practices. Instead most graduate schools continue to teach traditional clinical interventions strategies that are not rehabilitation and recovery oriented. In addition, many academic instructors are researchers rather than practitioners.

What About Evidence-Based Practices?

While most of the members of the Psychiatric Rehabilitation Educators' Group are comfortable and confident teaching about rehabilitation and recovery oriented systems, many are less familiar with the concept of evidence-based practice. The term *evidence-based practice* has been used in medicine for some time, and is becoming a familiar term in the field of psychosocial rehabilitation. However, many people who hear the term are wondering what it means. Most simply, evidence-based practices are interventions for which there is extensive research providing empirical support for effectiveness. For example, empirical support exists when more than one research study has demonstrated that the intervention works, and those research studies all can be considered good quality research.

Teaching about evidence based practice requires informing students about the broad concept and about what counts as "evidence." Students' education must be rounded out with criticisms of the concept, and an overview of weaknesses in existing psychiatric rehabilitation research. In addition, students need to learn about the six practices that have been identified and are being promoted through "Implementation Resource Kits" that will become available through SAMHSA

(<http://www.mentalhealthpractices.org>): specific medications prescribed in specific ways; psychosocial interventions, such as supported employment; illness self-management; family psychoeducation; case management based on the principles of assertive community treatment (ACT); and substance abuse treatment that is integrated with mental health treatment. More information about the identification of these specific practices is presented in a year-long series in the 2001 volume of *Psychiatric Services*.

Upcoming Events

The 2004 Psychiatric Rehabilitation Educator's Symposium is in the planning stages and will be hosted by the University of South Carolina School of Medicine the weekend of October 8th–10th. Members of the PSR Educators' group on Yahoo will automatically get information on this event as it becomes available.

Resources on Evidence-Based Practices

- Sackett, D.L., Straus, S.E., Richardson, W.S., Rosenberg, W. & Haynes, R.B. (2000). *Evidence-based medicine: How to practice and teach EBM, 2nd edition*. New York: Churchill Livingstone. (<http://www.library.utoronto.ca/medicine/ebm/>)
- Agency for Health Care Research and Quality (<http://www.ahrq.gov>)
Provides evidence-based information on health care outcomes; quality; and cost, use, and access. (formerly known as the Agency for Health Care Policy and Research). Includes research summaries related to a range of health conditions and diseases, and a section on mental health.
- The Centre for Evidence Based Medicine (<http://www.cebm.net>)
Based at Oxford, this group has the broad aim of promoting evidence-based health care, and provides support and resources to anyone who wants to make use of them.
- The Centre for Health Evidence (<http://www.cche.net>)
This group describes itself as promoting "evidence-based health care by presenting knowledge-based resources to health professionals in ways that facilitate their optimum use." This web site includes a lot of information in their "users' guides" section.
- The Cochrane Collaborative (<http://www.cochrane.org>)
An international not-for-profit organization, this group provides up-to-date information about the effects of health care. The library on this website is easy to use, and contains regularly updated evidence-based healthcare databases.

Resources on Evidence-Based Teaching

- An excellent paper on Applying the Science of Learning is available from Diane Halpern's website called "Applying the Science of Learning to the University and Beyond." The website can be reached through a link at the bottom of the page for the Berger Institute at Claremont McKenna College:
<http://berger.claremontmckenna.edu/asl/default.asp>
- Information on the scholarship of teaching and Learning (SoTL) is available at:
<http://www.carnegiefoundation.org/elibrary/docs/bibliography.htm>



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